

## REISSUE PATENT APPLICATION TRANSMITTAL

Address to:

Assistant Commissioner for Patents  
Box Reissue  
Washington, DC 20231

Attorney Docket No.

044RE1

First Named Inventor

Anthony Ross

Original Patent Number

6,264,659

Original Patent Issue Date  
(Month/Day/Year)

07/24/2001

Express Mail Label No.

ER310992374 US

## APPLICATION FOR REISSUE OF:

(Check applicable box)



Utility Patent



Design Patent



Plant Patent

## APPLICATION ELEMENTS (37 CFR 1.173)

1. ☒ Fee Transmittal Form (PTO/SB/56)  
(Submit an original, and a duplicate for fee processing)
2. ☒ Applicant claims small entity status. See 37 CFR 1.27.
3. ☒ Specification and Claims in double column copy of patent  
format (amended, if appropriate)
4. ☐ Drawing(s) (proposed amendments, if appropriate)
5. ☒ Reissue Oath/Declaration (original or copy)  
(37 C.F.R. § 1.175) (PTO/SB/51 or 52)
6. ☒ Power of Attorney
7. Original U.S. Patent currently assigned? ☐ Yes ☒ No  
(If Yes, check applicable box(es))  
☒ Written Consent of all Assignees (PTO/SB/53)  
☐ 37 C.F.R. § 3.73(b) Statement  
(PTO/SB/96)
8. ☐ CD-ROM or CD-R in duplicate, Computer Program (Appendix)  
or large table
9. Nucleotide and/or Amino Acid Sequence Submission  
(if applicable, all of the following are necessary)
  - a. ☐ Computer Readable Form (CRF)
  - b. Specification Sequence Listing on:
    - i. ☐ CD-ROM (2 copies) or CD-R (2 copies); or
    - ii. ☐ paper
  - c. ☐ Statements verifying identity of above copies

## ACCOMPANYING APPLICATION PARTS

10. ☒ Statement of status and support for all changes  
to the claims. See 37 CFR 1.173 (c).
11. ☐ Original U.S. Patent for surrender  
☐ Ribboned Original Patent Grant  
☐ Statement of Loss (PTO/SB/55)
12. ☐ Foreign Priority Claim (35 U.S.C. 119)  
(if applicable)
13. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS  
Citations
14. ☐ English Translation of Reissue Oath/Declaration  
(if applicable)
15. ☒ Preliminary Amendment
16. ☒ Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
17. Other: \_\_\_\_\_

## 18. CORRESPONDENCE ADDRESS



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or ☐ Correspondence address below

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NAME (Print/Type)

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Registration No. (Attorney/Agent)

53,437

Signature



Date

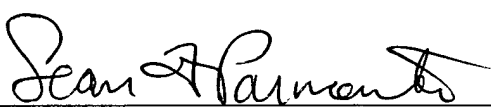
07/24/2003

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Reissue, Washington, DC 20231.

PTO 10/627553

07/24/03

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

| REISSUE APPLICATION FEE TRANSMITTAL FORM   |   |                                     |   |                             |              | Docket Number (Optional)<br>044RE1 |                           |     |
|--|---|-------------------------------------|---|-----------------------------|--------------|------------------------------------|---------------------------|-----|
| Claims as Filed - Part 1   |   |                                     |   |                             |              |                                    |                           |     |
| Claims in Patent   |   | Number Filed in Reissue Application | (3)<br>Number Extra                       | Small Entity                |              | Other than a Small Entity          |                           |     |
|  |   |                                     |   | Rate                        | Fee          | Rate                               | Fee                       |     |
| (A) 22   | Total Claims<br>(37 CFR 1.16(j))        | (B) 24                              | **** 2 =                                  | x \$ 9 =                    | 18.00        | or                                 | x \$ =                    |     |
| (C) 3  | Independent claims<br>(37 CFR 1.16(i))  | (D) 5                               | * 2 =                                     | x \$ 42 =                   | 84.00        |                                    | x \$ =                    |     |
| Basic Fee (37 CFR 1.16(h))   |   |                                     |   |                             | \$ 375.00    |                                    |                           | \$  |
| Total Filing Fee   |   |                                     |   |                             | \$ 477.00    | OR                                 | \$                        |     |
| Claims as Amended - Part 2   |   |                                     |   |                             |              |                                    |                           |     |
|  | (1)<br>Claims Remaining After Amendment |                                     | (2)<br>Highest Number Previously Paid For | (3)<br>Extra Claims Present | Small Entity |                                    | Other than a Small Entity |     |
|  |   |                                     |   |                             | Rate         | Fee                                | Rate                      | Fee |
| Total Claims<br>(37 CFR 1.16(j))   | ***                                     | MINUS                               | **  | * =                         | x \$ =       |                                    | x \$ =                    |     |
| Independent Claims (37 CFR 1.16(i))  | ***                                     | MINUS                               | *****                                     | =                           | x \$ =       |                                    | x \$ =                    |     |
| Total Additional Fee   |   |                                     |   |                             | \$           | OR                                 | \$                        |     |
| <p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims.</p> <p>**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input checked="" type="checkbox"/> Please charge Deposit Account No. <u>50-2040</u> in the amount of <u>477.00</u>.<br/>A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. <u>50-2040</u>.<br/>A duplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> A check in the amount of \$ _____ to cover the filing / additional fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p style="text-align: center;"><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <p><u>07/24/2003</u><br/>Date</p> </div> <div style="width: 50%; text-align: center;"> <br/>           Signature of Applicant, Attorney or Agent of Record<br/> <u>Sean F. Parmenter</u>      <u>Reg. 53437</u><br/>           Typed or printed name         </div> </div> |   |                                     |   |                             |              |                                    |                           |     |

UNITED STATES PATENT AND TRADEMARK OFFICE  
**CERTIFICATE OF CORRECTION**

PATENT NO. : 6,264,659 B1  
DATED : July 24, 2001  
INVENTOR(S) : Ross et al.

Page 1 of 1

It is certified that error appears in the above-identified patent and that said Letters Patent is hereby corrected as shown below:

Column 10,

Line 10, change "thermoplastic material and" to -- of thermoplastic material and --

Signed and Sealed this

Nineteenth Day of March, 2002

Attest:

A handwritten signature in black ink, appearing to read "James E. Rogan", written over a horizontal line.

Attesting Officer

JAMES E. ROGAN  
Director of the United States Patent and Trademark Office

**PATENT**

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

|                                       |   |                          |
|---------------------------------------|---|--------------------------|
| Reissue Application No.: Not Assigned | ) | Atty. Docket No.: 044RE1 |
|                                       | ) |                          |
| Filed: December 8, 1999               | ) | Examiner: Not Assigned   |
|                                       | ) |                          |
| Patent No.: 6,264,659                 | ) | Art Unit: Not Assigned   |
|                                       | ) |                          |
| Granted: July 24, 2001                | ) |                          |
|                                       | ) |                          |
| Patentees: Anthony C. Ross            | ) |                          |
| Peter A. Guagliano                    | ) |                          |
|                                       | ) |                          |
| For: Method of Treating and           | ) |                          |
| Intervertebral Disk                   | ) |                          |

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**OFFER TO SURRENDER THE ORIGINAL PATENT (37 C.F.R. § 1.178)**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Attn: Box Reissue

Dear Sir:

The Applicants hereby offer to surrender the original patent prior to allowance of the subject reissue application.

Respectfully submitted,



Date: July 24, 2003

Sean F. Parmenter  
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